

**INCIDENT
IDENTIFICATION
NUMBER**

11012018

10/20/18
-001



Bell Laboratories, Inc.

3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. / 608/241-0202 / Fax: 608/241-4081

14 September 2001

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504
United States Environmental Protection Agency
Air Quality Branch
1200 Tennessee Ave. N.W.
Washington, DC 20460

Re: FIFRA section 6(a)(2) Voluntary Industry Report for Adverse Effect Incident Information

Enclosed, please find our Voluntary Industry Report for adverse Effect Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter:	Craig A. Riekens	Registrant Name:	Bell Laboratories, Inc.
	Compliance Manager		3699 Kinsman Blvd.
	Bell Laboratories, Inc.		Madison, WI 53597

Transmittal Date: September 14, 2001

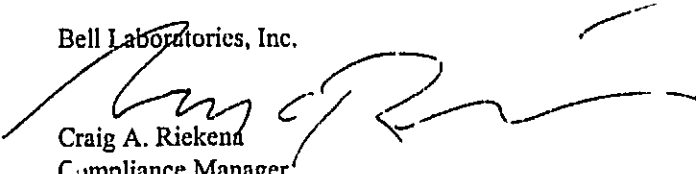
Submission: Voluntary Incident Report

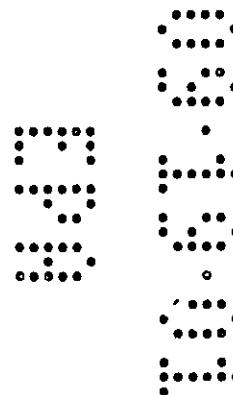
Reportable Substance:

Product	EPA Reg. No.
ZP Tracking Powder	12455-16

Sincerely,

Bell Laboratories, Inc.


Craig A. Riekens
Compliance Manager
Bell Laboratories, Inc.
criekens@belllabs.com



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 3

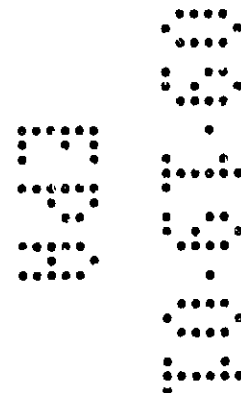
Row 1	Reporter Name	Submission date.	Contact person (if different than reporter)	Internal ID 1-1111122
Administrative Data	[REDACTED]			
	Address <i>Indian City Tennessee</i>		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Indian City Tennessee 7/23/01</i>	Date registrant became aware of incident. <i>8/23/01</i>	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1) <i>12455-16</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) <i>Zinc Phosphide</i>	A.I. (s)	A.I. (s)	
	Product 1 name <i>ZP Tracking Powder (4oz, 1.1 & 25lb)</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>Yes</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation <i>Bait</i>	Formulation	Formulation	
	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).	
Applicator certified PCO? <i>Not applicable</i>				
How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>				

Personal privacy information

Brief description of incident circumstances.

8/23/01 1:40:09 PM Caller states that the product was spilled on this man's skin about a month ago and a couple days later he acquired a rash and itching which has persisted yet he uses creams on his hand. Says it comes and goes. Wondering how else to treat. Also has some ulceration.

A: Product not expected to cause these sxs especially to start a couple days after exposure and persist on and off and to cause ulceration. Need to tx supportively and could try steroids or antihistamines and abx. CB prn.



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: <i>50 Years</i> Sex: <i>Male</i> Occupation (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects <i>Rash - 3 days or less , Pruritis - 3 days or less , ulceration 1 week or less</i>		If lab tests were performed, list test names and results (if available, submit reports)
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-1111722